



# North Dakota's Cancer Control Plan

2006 – 2010  
EXECUTIVE SUMMARY



**North Dakota's  
Cancer Control Plan**

*Planning for a cancer-free future.*



## Fellow North Dakotans:

The North Dakota Cancer Coalition (NDCC) is pleased to present North Dakota's Cancer Control Plan 2006-2010. To create this plan, NDCC members examined the current burden of cancer and contributing risk factors. This strategic plan provides North Dakota with a comprehensive, integrated plan of action that highlights strategies targeting cancer prevention, early detection, treatment and disease management. It also covers quality of life issues including pain management, palliative care, end of life and survivorship, in addition to cancer disparities and the future of North Dakota's health and allied health workforce.

Partners in the planning process come from many sectors of our North Dakota community, including community-based organizations; health-care organizations; local, state and federal agencies; medical professional organizations; education; academia; research; voluntary organizations; survivors; health-care professionals; and others from across our unique state.

North Dakota's Cancer Control Plan is only the beginning of a long road leading to eventually reducing the burden of cancer. As science and practical experience grow, new challenges, innovative tools, and more effective strategies will emerge based on the needs of North Dakota's residents. The plan is intended to be a starting point – a springboard for use by partner organizations, communities, and individuals to create, implement and sustain activities that will reduce the cancer burden.

Cancer affects every one of us: our friends, family members, co-workers. It will take all of us working together to reduce the threat of cancer in our lives. As chairperson of the NDCC, I am extremely thankful for the individuals and their sponsoring organizations who dedicated their time, expertise, skill and talent in developing the plan. It is through this collaborative effort that we now have a blueprint for action to reduce the burden of cancer in North Dakota.

Finally, the plan is an invitation for you to become involved in implementing the strategies for comprehensive cancer control. The hardest work lies ahead – combining our state's talent, skill and resources to implement the plan. Take action by volunteering to assist with a local activity, volunteering to serve on a committee working to achieve a priority, and supporting community or statewide activities focused on cancer control. All North Dakotans have a role in the fight against cancer. Working together, we can transform the vision of a cancer-free North Dakota into a reality.

A handwritten signature in black ink, appearing to read 'C. Kupchella', with a large circular flourish at the beginning.

Charles Kupchella, Chair  
North Dakota Cancer Coalition

# Introduction

For many years, our society has focused efforts on treating cancer once it is diagnosed. Yet, we now know that much cancer is preventable. Healthy People 2010 and other evidence-based research estimate that more than one-third of cancer deaths could be prevented through the adoption of healthier lifestyles. By preventing diseases from happening in the first place, and through increased use of screening and detection, cancers are more likely to be prevented, identified in an early stage, treated effectively and cured.

Cancer issues are a rising concern in North Dakota. Declining birth and death rates mean that North Dakota's population, like that of the rest of the United States, is aging. Overall, cancer incidence and mortality increase with age.

North Dakota faces unique challenges in the coming years. Our population tends to be older, to live longer, and to earn lower incomes. From 2000 to 2010, the number of North Dakotans age 65 and older will increase by 17 percent; the number of North Dakotans age 85 and older will increase by 28 percent. As the population of North Dakota ages, the burden of cancer increases. In 2000, more than half of North Dakota's residents lived in urban areas and tended to be younger. The rural areas contained the higher percentage of elderly residents.

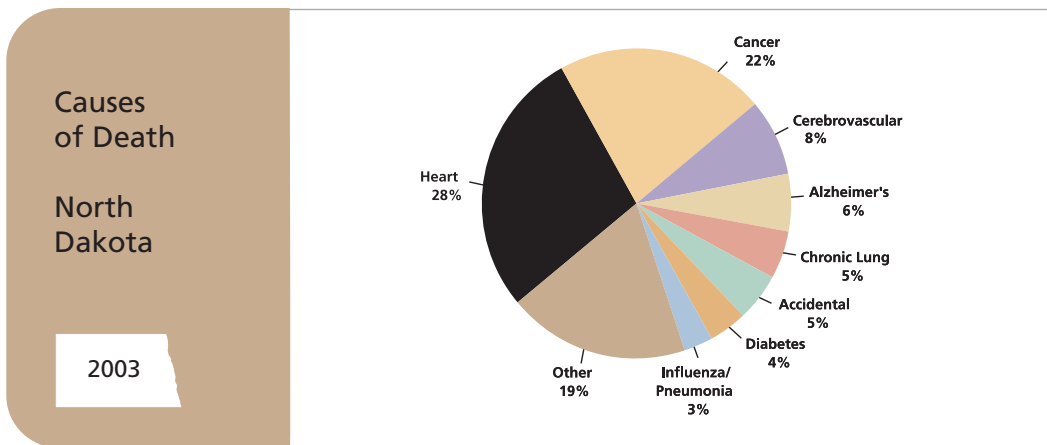
Estimated annual  
direct medical costs  
for cancer care  
in North Dakota  
in 2002 –  
\$318,248,000.

Effective cancer prevention and control will depend not only on gaining new knowledge through research, but also more extensively applying current knowledge to reduce known risk factors and promote effective preventive, therapeutic, and palliative care services. Like many states across the nation, a group of dedicated volunteers believed a more integrated and coordinated approach was needed to address cancer issues to reduce its toll on individuals, families, and communities.

The full cancer plan with goals, strategies and objectives is available online at [www.ndhealth.gov/compccancer](http://www.ndhealth.gov/compccancer).

# The Burden of Cancer in North Dakota

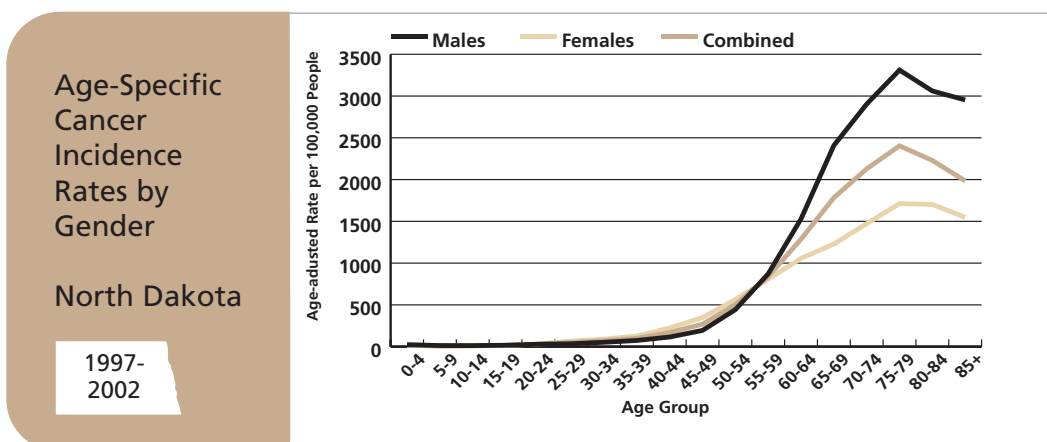
North Dakota's cancer statistics mirror those experienced across the nation. Cancer is the second leading cause of death in North Dakota.



Source: North Dakota Division of Vital Records

The American Cancer Society estimates that 1,280 North Dakota residents will die from cancer in 2006. During the same year, 3,170 individuals will receive a cancer diagnosis.

In North Dakota, overall cancer incidence and mortality rates rise dramatically after age 54 for both sexes, but particularly for males.



Source: North Dakota Cancer Registry

Four cancer sites—lung, colorectal, breast, and prostate—account for well over half of all cancer cases in North Dakota.

# North Dakota's Cancer Control Plan

## Goals for Cancer Prevention and Control

*The goals of the cancer plan focus on important cancer issues in North Dakota across the disease continuum. The goals are the result of a detailed assessment of the state's surveillance data and statistics, review of results of cancer research and recommendations from local cancer experts and cancer care providers. This strategic plan provides North Dakota with a comprehensive, integrated plan of action that highlights strategies targeting cancer prevention, early detection, treatment and disease management, quality of life including pain management, palliative care, end of life and survivorship, workforce of the future, and cancer disparities.*

## Prevention

### GOAL:

Prevent cancer by reducing risks and improving healthy behaviors of North Dakota citizens.

North Dakotans who engage in unhealthy behavior are at increased risk for cancer. Scientific evidence suggests that one-third of cancer deaths are preventable because they are related to poor nutrition, physical inactivity and being overweight or obese. All cancers caused by cigarette smoking, tobacco use and heavy use of alcohol can be prevented. Exposure to the sun and other environmental hazards increase the risk of a cancer diagnosis. There is much work to be done to reduce risk and prevent cancer for North Dakotans.



# Early Detection and Screening

## GOAL:

Lead the nation in appropriate screening and early detection of cancer.

There are many barriers to cancer screening for North Dakotans. These barriers can be grouped into four major areas – financial and insurance restrictions, limited provider knowledge and referral, lack of consumer awareness and system inadequacies. These factors all contribute to low screening rates among special populations and the need to change the approach to cancer screening and early detection in North Dakota.



## Early Detection is Key

**“The earlier you can detect cancer, the better you are. I have to remember where I was and where I am now. I’m a survivor and I always have to be thankful for that.”**

Keith Peltier with wife Cathy, Harvey, N.D.  
Husband and father  
Owner of Proseeds, Inc.  
Colorectal cancer survivor



## Family Matters

**"They tell me it's gone, but you always wonder if it will come back and where it will come back. We need to work to remove the stumbling blocks in clinical trials. We also need to be working towards common goals."**

John Resell, Fargo, N.D.  
Husband, father and grandfather  
Lung cancer survivor

## Treatment, Disease Management and Clinical Trials

### GOAL:

Increase access to effective cancer treatment and care.

Several factors can interfere with access to effective cancer treatment and care in North Dakota. Lack of patient knowledge, limitations on the quality of available care, inadequate provider-patient communication, patient's insurance coverage and socioeconomic status are all potential issues affecting cancer treatment and access to clinical trials for North Dakotans.

# Quality of Life

## GOAL:

Optimize the quality of life for every person affected by cancer.

Improvements in the early detection and treatment of cancer have resulted in more people living longer after being diagnosed with the disease. People who have been diagnosed with cancer and others in their lives are challenged by a host of short- and long-term issues affecting the quality of their lives, including physical, spiritual, emotional, pain control and for some, decisions about end-of-life care. There is a general lack of knowledge among health-care providers and the public about resources and services available to North Dakotans.

# Workforce of the Future

## GOAL:

Ensure an adequate supply and competently trained workforce to provide comprehensive cancer care in North Dakota.

The cancer care workforce is broad and includes many support services outside the health-care setting. At the current time, the depth and breadth of workforce issues related to cancer prevention and control are unknown. What we do know is that North Dakota is aging. The state's population has need for health professionals to work with people diagnosed with and surviving cancer. The health-care workforce in the state will be challenged by this changing demographic and the potential decrease in the number of adequately trained health-care providers. North Dakotans deserve a health-care workforce that is appropriately trained through a consistent curriculum. Job opportunities exist in cancer career areas that contribute to the economic well-being of communities if North Dakota can find ways to encourage young professionals to live and work here.



# Cancer Disparities

## GOAL:

Continually and respectfully work to identify and reduce cancer disparities in North Dakota.

It has been well documented that health disparities exist for groups within a given population. The same holds true for cancer. Disparities in cancer incidence, mortality and survival have been described in terms of race and ethnicity, gender, age and geography. Further disparities are expected in terms of socioeconomic status, sexual orientation, and insurance status. Recent research findings indicate that members of racial and ethnic minority groups are less likely than whites to receive needed medical care. This may partially explain some cancer-related health disparities. Other issues related to health disparities in North Dakota involve prevention, access to care, screening, treatment, clinical trials, quality of life, workforce preparation and data/surveillance.



## Access to Care

**“Look at our data. We have the highest rates of cancer for all Indian people. We need access to specialty clinics. We need funding, access and leadership representation.”**

Penny Wilkie, M.D., (with Kelli Quick Bear) New Town, N.D.  
IHS Minne-Tohe Health Center Physician  
Enrolled member of the Turtle Mountain Band of Chippewa

# Implementation and Evaluation

The purpose for developing and implementing this plan is ultimately to reduce cancer incidence, morbidity, and mortality, and to improve quality of life. The cancer issues reflected by the goals of the plan are priority areas that should be addressed in North Dakota. The plan does not, however, rank the goals in terms of overall importance. Because the scope of the plan is broad and resources are limited, the goals and objectives in the plan must be further prioritized, and individual strategies must be embraced and tackled by specific groups and organizations.

Through a systematic process, the North Dakota Cancer Coalition will further prioritize the goals using specific criteria (e.g., the size of the burden, the strength of the evidence-based solutions known to exist, the likelihood that interventions will lead to significant improvements, the presence of major gaps in current efforts, the existence of important disparities, and the feasibility of intervention). The result of the prioritization process will set the direction for initial implementation efforts of the coalition. In addition, partners and other key stakeholders can use the plan to select priorities consistent with their missions.

To achieve the goals of North Dakota's Cancer Control Plan, evidence-based strategies must be implemented. Only through ongoing, collaborative, and coordinated effort by the coalition can we hope to achieve effective implementation of these diverse strategies. Coordinating existing resources and generating new resources to implement strategies will be a key function of the coalition.

In order to determine if the purpose is being achieved, the plan must be evaluated. Evaluation of the plan and the coalition's efforts will be important for determining the success of comprehensive cancer control in North Dakota.



## Making Headway

**"I truly believe that if we work from these objectives, we will impact the quality of life for North Dakotans."**

Linda Kohls, Fargo, N.D.  
Mission Integration Director  
The American Cancer Society

Del LeCompte, Fort Yates, N.D.  
Enrolled member of the Standing Rock Sioux Nation  
Land coordinator for Standing Rock  
Prostate cancer survivor



Mikayla Coenen, Warwick, N.D.  
Eight-year-old daughter of Lynda and Ron Coenen  
Leukemia patient



Sandy Lessard, R. N., Grafton, N.D.  
Home care, hospice and  
chemotherapy nurse



#### **Front Cover Photos:**

Ashley Andrews, Bowman, N.D., Miss Rodeo America 2007  
Hodgkins lymphoma survivor

Margaret Leas, R.N., Rolla, N.D., Two-time survivor of breast cancer  
ND delegate to the 2006 Lance Armstrong Convention in Washington D.C.

Dr. Kevin Collins, Minot, N.D., Radiation Oncologist, Trinity Cancer Center  
Founding Chairperson of the North Dakota Cancer Coalition



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